

ABSTRACT

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COMPARISON ANALYSIS OF LONGEVITY OF AIDS PATIENTS WITH EMOTIONAL SUPPORT AND NON SUPPORT SYSTEMS

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The objective of this study was to examine the impact of emotional support on the longevity of AIDS patients. To accomplish this objective, a group of AIDS patients who received emotional support and a group of AIDS patients who received no support were studied. A random sampling technique was used. The participants consisted of 50 males. In the group that received support there were twenty-five (25) men and in the non-support group there were twenty-five (25) men. The study consisted of viewing the medical files of the fifty (50) men. The researcher examined the number of days patients lived after being diagnosed with AIDS of both groups. To test the difference in time lived between the groups, a t-Test was employed. The result of the t-Test analysis showed $t = -.30$, $d.f = 48$, $P < .768$. With these results, the null hypothesis was accepted. The study did not find any statistically significant difference between the group that had support and those who did not with reference to the length of time lived once being diagnosed with AIDS.

COMPARATIVE ANALYSIS OF LONGEVITY OF AIDS PATIENTS
WITH EMOTIONAL SUPPORT AND NON-SUPPORT SYSTEMS

A THESIS

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Chapter 1 INTRODUCTION

AIDS is a mysterious disease which conjures up images of despair, loneliness, hopelessness and death. Many Americans shun the disease called AIDS because there is no cure. AIDS has such an impact on society that it affects us all directly or indirectly. It is a disease that is not confined to one section of society but is pervasive throughout. The United States has arrived at a crossroads in the history of the HIV epidemic. "The HIV epidemic has claimed more American lives than did the Korean and Vietnam War combined and the rate of deaths are steadily climbing." In the time to come we must either engage seriously the issue and needs posed by this deadly disease or face tragedy in the decades to come. ¹

STATEMENT OF THE PROBLEM

The AIDS epidemic causes both physical and psychological harm. The psychological and social repercussions of AIDS and HIV infection are similar in some respect to those of other life threatening, catastrophic illnesses. "Social isolation, discrimination, anxiety, depression, concern about body image, finances, loss of control, and a confrontation with ones own mortality are among the critical issues challenging people with AIDS and HIV infection."² In addition, many of these individuals, persons who are assumed to be infected, and those who are closely associated with them have met extreme rejection and have experienced isolation

¹National Commission on AIDS: America Living With Aids (Washington, D.C.: U.S. gov. Printing Office, 1991), 1.

²Diana Perkins, "Coping With the Threat of Aids: The Role of Social Support," American Journal of Psychiatry, No. 149 (November 1992): 1514-1520.

resulting from the public panic over and behavioral response to the contagion of AIDS. People with AIDS and HIV infection have been terminated from employment, discharged from military service, evicted from their home, denied health and social services, and have been targets of harassment and violence. Throughout society there exist, at times, an irrational fear of AIDS that is compounded by homophobia and the intolerance of drug use. As a result, people with AIDS and HIV infection or persons who are assumed to be infected may find themselves rejected by families, friends, and co-worker. This leaves them without social or emotional support which is needed at such a critical time in their lives. Emotional support is correlated with positive self esteem , psychological well being, which is linked with physical health and longevity. Persons with AIDS who have good emotional support have higher self-esteem. A positive link between good social support and lower mortality has complication for the rate of disease progression among people with HIV.

SIGNIFICANCE/PURPOSE OF THE STUDY

The focus of this study is related to the psychosocial issues and losses that person with AIDS experience. Some psychosocial issue of AIDS are: low self-esteem, anger, denial, guilt, sadness, depression, frustration, anxiety, bargaining, fear, social isolation, stigma, rejection and acceptance. Persons with AIDS also undergo losses of finance, social support, family and health. The objective of the study is to measure the longevity of persons with AIDS receive emotional support and those that do not.

The significance of this study is that we may become more aware of how emotional support and longevity are correlated with positive self-esteem.

DEFINITION OF TERMS

AIDS: A complex disease characterized by severe damage to the body's natural immune system. A person with AIDS becomes susceptible to unusual opportunistic diseases and cancers that are not ordinarily a threat to people with normal immune systems.

Bisexual: Sexually attracted by members of both sexes.

Cancer: The uncontrolled growth of the cells of the tissues of any organ in the body. Cancers can destroy the tissues surrounding them and can spread to different parts of the body.

Epidemic: A disease or condition that affects many persons within a population at the same time.

Hemophilia: A hereditary disorder of the blood that prevents it from clotting properly, and occurs almost exclusively in males.

Heterosexual: Of pertaining to sexual orientation toward the opposite sex; pertaining to different sexes.

Herpes Simplex: A herpes virus that causes cold sores around the mouth or genital area.

Herpes Zoster: The virus that causes chicken pox and shingles. In AIDS patients, it can also infect sections of the body along nerve roots, presented as patches of red bumps on the skin.

HIV: The new nomenclature for describing the virus HTLV-III/LAV, Adopted in Paris in 1986.

Immune System: The whole system made up of cells and proteins in the body which fights infectious diseases that invade the body.

Immune: The state of being highly resistant to a particular disease because of the formation of antibodies to the disease.

Opportunistic Infection: Any of a number of infections that are caused by microorganisms ordinarily found in the environment, but which do not cause disease except in persons with damaged immune systems.

Kaposi's Sarcoma: A cancer of the small blood vessels, ordinarily first appearing on the skin of the legs or arms.

Pneumocystic Carinii Pneumonia (PCP): A pneumonia caused by the protozoan parasite, *Pneumocystis carinii*, which does not ordinarily cause disease in people with normal immune systems.

Risk Group: A group of people at higher risk of getting some disease than the general population.

Self-Esteem: A persons' judgement of his/her own value.

Transfusion: The introduction of whole blood or blood products into a person who needs them because of loss of blood or because the blood lacks a particular substance.

Vaccine: A weakened or dead virus or bacteria that is introduced into the body to cause it to make antibodies and increase immunity against that particular disease.

Virus: A submicroscopic organism that is not a complete cell and is composed of DNA or RNA and protein.

Chapter 2 LITERATURE REVIEW

Since scientists first began to understand the dynamics that govern transmission of the human immunodeficiency virus (HIV) they have been able to predict the toll the epidemic would exact in sickness and in lives lost. As this nation enters the second decade of the HIV epidemic, the accuracy of prediction made in the mid 1980's stand as a silent rebuke. One need take only a brief look at these statistics to understand the impact that AIDS has had in the U.S.

From 1979 to 1980, sixty-two persons in the United States were identified as victims with AIDS. "In 1981, two hundred thirty nine AIDS cases were diagnosed; and in 1983, two thousand five hundred and one cases of AIDS were identified. By mid 1987, the number of AIDS cases in the U.S. was approximately 50,000."³ By the end of 1990 more than 100,000 people in the United States had died of AIDS, and nearly a third of those deaths occurred that year. Now more than a hundred people die in the United States everyday of AIDS - one every 15 minutes - and the pace is accelerating. In 1991, 182,834 cases of AIDS were reported in the U.S. "Data has shown that in 1993, AIDS has clearly outstripped all other diseases in lost human potential."⁴

³National Commission on Aids: America Living With Aids (Washington DC: U.S. Gov. Printing Office, 1991), 10-11.

⁴National Commission on Aids, 12.

"The total number of infected persons in the United States is currently estimated to be 1 million or about 1 in 250 persons."⁵ "The Public Health Service projects that by the end of 1994 the cumulative number of diagnosed AIDS cases will be in the range 415,000 - 535,000 with 320,000 - 385,000 cumulative deaths. In 1994 alone, there are expected to be 43,000 - 93,000 newly diagnosed cases of AIDS, and 45,000 - 76,000 deaths - primary among persons diagnosed in previous years."⁶

"During the early years of the epidemic from 1981 to 1982, nearly 80% of all reported AIDS cases were from six large metropolitan areas in five states - New York City, San Francisco, Los Angeles, Miami, Newark and Houston."⁷ In 1991, 31 metropolitan areas and 25 states and the Commonwealth of Puerto Rico have reported one thousand or more cumulative AIDS cases and the numbers of communities, counties, and states affected by HIV disease continue to expand."⁸ Also while the majority of new AIDS cases have been from metropolitan areas, there has been a significant increase in the new cases in municipalities with population less than 500,000. The following data taken from the CDC quarterly HIV/AIDS report shows the highest number of AIDS cases among residents in the 10 leading states or territories is as follows:

⁵National Commission on Aids, 12.

⁶National Commission on Aids, 13.

⁷Centers for Disease Control: HIV/AIDS Surveillance Report, Atlanta Ga.: CDC, Feb. 1994; 15.

⁸Centers for Disease Control, 16.

1	New York	64,981
2	California	62,557
3	Florida	32,759
4	Texas	23,785
5	New Jersey	18,529
6	Puerto Rico	10,692
7	Illinois	10,692
8	Georgia	9,342
9	Pennsylvania	9,206
10	Massachusetts	7,370

Most AIDS cases fall within one of five identified risk groups. The largest group accounts for 65% of all adult AIDS cases, is homosexual or bisexual men. Gay men who are also intravenous drug users account for approximately 87% of additional AIDS cases, while heterosexual intravenous drug users represent approximately 17% of AIDS cases. Hemophiliacs represent 1%, while other persons with a history of blood transfusion represent 2%, and individuals who contracted AIDS during heterosexual activities account for 4% of AIDS cases.

Following is a distribution of reported AIDS cases among adults by exposure category. Also, a break down by sex is provided where appropriate. The categories and totals are:

1.	Men who have sex with men	Total	183,344
2.	Injecting Drug Use	Total	80,713
3.	Hemophilia/Coagulation disorder	Total	2,963
4.	Heterosexual Cases		
	Males - 9,361	Females - 14,997	Total 2,963
5.	Blood Transfusion, blood component, or tissue		
	Males - 3,596	Females - 2,388	Total 5,984

The HIV disease has a devastating impact on those who are already marginalized members of society. Growing numbers of HIV infection and AIDS cases occurs among young residents of inner cities. "Approximately 70% of AIDS victims are under 39 years of age. African Americans constitute 12% of the U.S. population, but 16% of AIDS cases."⁹ Unless sustained support for targeted interventions that facilitate access to a broad range of health and social services is given, there is every indication that these communities will continue to be disproportionately represented among AIDS cases in the future.

The number of women and children infected with HIV, particularly within communities of color, continues to grow dramatically. AIDS cases among women are growing faster than AIDS cases among men. "In June 1991, women accounted for 10% of all AIDS cases. AIDS has become one of the top five causes of death for young women."¹⁰ As the number of female AIDS cases increase, pediatric cases have increased also because of viral transmission to the fetus by pregnant HIV infected women.

AIDS is the most serious infectious disease epidemic of today. "AIDS is an illness that damages a persons ability to fight off disease, leaving the body open to attack from unusual types of cancer and ordinarily innocuous infections. The AIDS

⁹Ellen Horney, "AIDS and the Inner City: Critical Issues," Journal of Contemporary Social Work 101, June 1988, 365-367.

¹⁰L. Williams, "Inner City: Under Siege Fighting Aids in Newark," New York Times, 6 February 1989, 2.

virus damages the body's natural immune defenses against disease."¹¹ People with AIDS develop life-threatening illnesses that do not affect persons with normal immune systems. Until a cure is found the chance of surviving AIDS is none, no person with AIDS has survived more than four years from the time of his diagnosis.

TRANSMISSION OF THE AIDS VIRUS

A person can become infected with HIV in two main ways:

1. Having sexual intercourse - anal, vaginal, or oral with an infected person; or
2. Sharing drug needles or syringes with an infected person.

Also, women infected with HIV can pass the virus to their babies during pregnancy or during birth. They can also pass it on when breast feeding. Some people have become infected by receiving blood transfusions. Since 1985, however, when careful screening and laboratory testing of all blood donations began, this possibility has been greatly reduced. You cannot become infected by giving blood at a blood bank.

Other sexually transmitted diseases, such as gonorrhea, syphilis, herpes and chlamydia can also be contracted through anal, vaginal, and oral intercourse. Having one of these infections and engaging in sexual behavior that can transmit the virus, increase the risk of getting HIV.

¹¹Centers for Disease Control: "Heterosexual Transmission of LLMAN T. Lymphotropic Virus Type III/Lymphadenopathy Associated Virus Morbid," Mortal Weekly, 7 January 1985, 561.

"HIV infection does not just happen. You can not catch it like a cold or flu. Unlike cold or flu viruses, HIV is not spread by coughs or sneezes."¹² Again, you get HIV by receiving infected blood, semen, or vaginal fluids from another person. You will not get HIV through everyday contact with infected people; from clothes, phones or toilet seats; eating food prepared or served by someone infected with the virus or from a mosquito bite.

SYMPTOMS OF AIDS

"Early symptoms of infection with the AIDS Virus include fatigue, fever, loss of appetite and weight, diarrhea, night sweats, and swollen lymph nodes in the neck, armpit or groin."¹³ The AIDS virus itself will not kill you, its demolition of your immune system is what keeps you open to death by some rare disease. These infections which move in when your defense system is down are opportunistic infections. Shingles is an opportunistic infection which can affect persons whose immune systems are growing weak. Its technical name is "herpes zoster" but its really nothing more than the result of a reactivation of the chicken pox virus. Until recently, shingles has been considered an affliction of the elderly. It's not usually associated with AIDS but it is beginning to show up in younger persons and represents a definite sign of immune deficiency.

¹²Centers for Disease Control: "HIV/AIDS Surveillance Report," Atlanta GA: CDC, Feb. 1994; 20.

¹³Mary Ann Adler, "Biopsychosocial Approach to The Human Immunodeficiency Virus Epidemic," General Hospital Psychiatry, May 1990, 98-101.

The two important opportunistic infections as far as AIDS is concerned are: Pneumocystis carinii pneumonia, known as (PCP) and Kaposi's Sarcoma (KS). If a person tests HIV positive and gets either of these, the Centers for Disease Control say that you have AIDS. "To be classified with AIDS a person must be infected by HIV and have at least one opportunistic disease."¹⁴

PREVENTION

To prevent the spread of HIV infection, avoid behavior that might result in contact with blood, semen, vaginal secretions, or body fluids with visible blood. Specifically, avoid sex with anyone who might be infected with HIV and do not share injecting drug works. "CDC recommends the following prevention measures."¹⁵

1. Abstain from sex with an infected person
2. Ask about the sexual history of current and future sex partners
3. Always use a condom from start to finish during any type of sex
4. Use only water-based lubricants
5. Avoid anal or rough vaginal intercourse
6. Condoms should be used even for oral sex
7. Avoid deep, wet or "French Kissing" with an infected person. Even though transmission of HIV has not been documented by this method, possible trauma to the mouth may occur, which could result in the exchange of blood
8. Do not share personal items such as toothbrushes, razors and devices used during sex which may be contaminated with blood, semen, or vaginal fluids

Emotional support is very important in establishing high self esteem in AIDS patients. Self esteem is defined as the way people regard themselves. Self-esteem

¹⁴IBID

¹⁵Centers For Disease Control: "HIV/AIDS Surveillance Report, Atlanta GA: CDC Feb. 1994, 10.

is a key factor in overall happiness and adjustment to life. It is important throughout life. High self esteem provides a person with the will to continue living and being productive.

Self esteem provides a person with confidence and emotional strength. This strength is needed to reach out to others and gain social acceptance. Also this inner strength enhances an individuals ability to take risks, succeed and achieve in life.

For most AIDS patients, each day is a struggle. There was one life before diagnosis and another life after diagnosis. For some its a giving in and a giving up; for others its the beginning of a whole new way of thinking and being. "Many of the potential psychosocial consequences of AIDS is disconnections; disconnections from the past, present, and future; from their loved ones; from ways of defining themselves, such as capabilities, skills, physical appearance, and job activities. AIDS may lead to disconnections from things many take for granted such as a sense of power and control over their lives, hopes, dreams, and aspirations."¹⁶ This further increases the sense of isolation, alienation, and aloneness that persons with AIDS experience, reinforcing low self esteem.

AIDS carries with it a stigma of shame and blame, suggesting those who are infected are at fault for being infected, this also results in low esteem. Shame and blame can lead persons with AIDS into denial and hiding, which may cause potential avoidance of medical treatment, and involvement in unsafe sexual activity. This further isolates the person with AIDS and increases feelings of aloneness and

¹⁶James House, "Social Relationships and Health," Science 3 March 1988, 540-542.

despair, and threatens the health, welfare and self-esteem of the person with AIDS. "Depression and anxiety are the most common psychological reactions following a diagnosis of AIDS. Isolation may result when the diagnosed person withdraws from others or when existing social support networks withdraw from the person following his diagnosis."¹⁷ More than half of persons with AIDS express fear about others reactions, and one third maintain silence rather than risk person rejection until the symptoms make it impossible to maintain any pretense of normality.

Self-isolation is a major disadvantage because the person lessens any possibility of receiving emotional support or understanding. While such self-imposed isolation protects the person from adverse reactions, it also excludes supportive responses, and can contribute to depression. The implementation of social support can help AIDS patients cope with major life crises.

"Jane Lesserman (1992) focused on how symptomatic HIV positive homosexual men cope with the threat of AIDS. Among seropositive men she (1) examined the relationship of coping to dysphoria and self esteem in order to determine the positive or negative aspects of various coping strategies and (2) explored how social support and race are related to coping. She also studied the coping strategies (fighting spirit, helplessness, denial) used by HIV - positive men and compared these strategies with those of seronegative comparison subjects."¹⁸ In this

¹⁷E. Wethington, "Perceived Support, Received Support, and Adjustment to Stressful Life Events," Journal of Health and Social Behavior 5 May 1986, 70.

¹⁸J. Lesserman, "Coping With the Threat of Aids: The Role of Social Support," American Journal Psychiatry 3 Feb. 1992, 1514-1516.

study it was hypothesized that coping by maintaining a fighting spirit, planning, personal growth and seeking social support would be related to positive affect and self esteem, whereas denial and helpless coping would be associated with negative affect and self esteem. Furthermore, it was hypothesized that social support as measured by a variety of indicators (support satisfaction, participation in the AIDS community) would be associated with more fighting spirit, planning, personal growth, seeking social support, and religious coping and with less helplessness and denial. 105 homosexuals volunteers where studied: 52 asymptomatic HIV - positive men and a comparison group of 53 HIV negative men. The men were between the ages of 18 and 50 years and were required to have at least a 10th grade education or a general equivalency diploma. For over 2 nights and days the subjects underwent psychiatric, physical, neurologic, and neuropsychological examinations and several blood samples. On the first evening before the testing, the subjects completed a packet of self-report questions about coping. "A major finding of this study was that homosexual HIV-positive men can be characterized as coping with the threat of AIDS by adopting a fighting spirit, reframing stress to maximize personal growth, planning a course of action and seeking social support. The results also indicated that more helpless coping, less fighting spirit and less personal growth were related to dysphoria and poor self-esteem, whereas denial was related to more depression, anger, and helpless coping; also found was satisfactions with one's social support networks and participation in the AIDS community were related to more healthy

coping strategies (fighting spirit, personal growth) and last, black subjects expressed more denial, more helplessness and less social support."¹⁹

One's experience of being supported appears especially important for mental health, and suggests that the most beneficial aspect of social support may be to a large extent, cognitively. The determination of factors that contribute to support perceptions or satisfaction are of special importance. "Hazes and Coates (1993) examined the determinants of social support among a probability sample of gay men residing in San Francisco. Using two waves of data (collected in 1985 & 1987), cross-sectional and longitudinal analyses focused on the effects of five sets of factors (demographics, community integration) network, AIDS-related loss, individual, and health) on satisfaction with three types of support (emotional, informational, and practical).²⁰ Personal acceptance of one's gay identity and talking to family members about AIDS showed the strongest positive associations with concurrent measures of support and changes in support satisfaction over the two year period. Conversely, depression and number of HIV symptoms were negatively associated with cross-sectional support and support changes. Family knowledge of respondents' homosexuality interacted with HIV symptoms, such that knowledge was negatively associated with support among those experiencing greater numbers of HIV symptoms. The findings suggested that those most in need of support may be the least satisfied with the support they receive. Family support appears to have the

¹⁹J. Lesserman, 1518.

²⁰R. Hazes & T. Coates, "Social Support, AIDS Related Symptoms, and Depression Among Gay Men," Journal of Consulting and Clinical Psychology 11, June 1988, 463-464.

potential to be particularly helpful or especially harmful to gay men trying to cope with the AIDS crisis.

The AIDS epidemic exerts a profound psychological toll on gay men. Gay men have been found to have fairly high levels of depression. "Hays, Turner and Coates examined the impact of social support and HIV related conditions on expression among 50 gay men participating in the San Francisco Mens Health Study, a population - based prospective study of single men aged 25-54 years."²¹ The number of HIV-related symptoms experienced significantly predicted depression cross-sectionally and one year later. Satisfaction with each of three types of social support (emotional, practical, informational) was inversely correlated with depression. The results indicated that men who were more satisfied with the social support they received were less likely to show increased depression 1 year later. Degree of satisfaction with informational support appeared especially critical in buffering the stress associated with experiencing HIV symptoms.

Although few studies have demonstrated a casual relationship between social support and health, there is now ample evidence that various aspects of social support and health are positively associated: good social support either promotes healthiness or offers some protection from illness. Social support seems linked to health although no-one is quite sure how. "Little is yet understood about the processes by which social support may affect physical health and whether or not an

²¹H. Turner, R. Hays & T. Coates, "Determinants of Social Support Among Gay Men: The Context of AIDS," Journal of Health and Social Behavior 19, Jan. 1990, 37-39.

association reflects a direct casual relationship, although the concept of a neuroendocrine response to stress, which was introduced in the 1940's, has seen some interesting developments in the last decade in the field of psychoneuroimmunological."²² Studies with both humans and animals provide evidence that behavior and psychosocial factors can have profound influences on the functioning of the immune system. "It has been suggested that absence of social support renders a person vulnerable to the effects of adverse life events and thus indirectly to decrements in immune function."²³ "Solomon (1987) hypothesized that stress and psychosocial factors can influence the replication of HIV and the progression of AIDS, and Antoni (1991) suggest that specific HIV stressors such as receiving a positive diagnosis may trigger an array of psychological and neuroendocrine events that impair cellular immune functioning."²⁴

In general, social support is more readily shown to be associated with psychological well being. Good social support promotes psychological well-being which in turn promotes good health. The majority of studies focus upon the association between social support and psychological well-being or coping. As yet, no published research definitively correlates the rate of progression of HIV disease with social support. "With regard to longevity and social support, Reillo (1990) reports that death within 12 months of an AIDS diagnosis was more likely to occur

²²Gill Green, "Editorial Review: Social Support and HIV," AIDS Care. 5 March 1993, 87-88.

²³IBID, 89.

²⁴M. Antoni, "Stress and Immunity In Individuals At Risk For AIDS," Stress Medicine 4 January 1991, 35-36.

among those with no social support."²⁵ "Solomon (1987) hypothesized from a pilot study that long-surviving individuals with AIDS (3-5 years) have more social support in the form of problem-solving assistance than those with short survival times after the diagnosis of AIDS."²⁶ and "Caumartin (1991) report that survival time is extended by involvement in the gay community. An association has been formed between a weak social support network and low levels of CD-4 lymphocytes."²⁷ "Turner (1990) found that the number of HIV symptoms was related to reduction in support satisfaction over a two-year period, while symptom development has been shown to be associated with less social support."²⁸

Other studies have found an association between self-reported physical health and some aspects of social support. "Namir (1989) reports a significant association between health measures and instrumental support; worse self-reported physical state was associated with the perception of less instrumental support."²⁹ "Zich & Temoshok (1987) found that the perceived availability of social support correlated strongly and negatively with reported numbers of physical symptoms for persons with

²⁵M. Reillo, "Psychosocial Factors Associated With Prognosis in AIDS," Abstract SB372 at the VI International Conference on AIDS in San Francisco.

²⁶G. F. Solomon, "Psychoneuroimmunologic Approaches to Research on AIDS," Annals of The New York Academy of Sciences. 5 May 1987.

²⁷S. Caumartin, "Premorbid Psychosocial Factors Associated With Differential Survival Time in AIDS Patients," Abstract MC3105 from the VII International Conference on AIDS in Florence.

²⁸H. Turner, R. Hays & T. Coates, "Determinants of Social Support Among Gay men: The Context of AIDS," Journal of Health and Social Behavior 19 Jan. 1990, 37-39.

²⁹S. Namir, "The Relationship of Social Support to Physical and psychological Aspects of AIDS," Psychology and Health, 10 June 1989, 77-79.

AIDS."³⁰ "Also, Wolcott (1986) reported that those who were satisfied with their support, perceived their global health more positively."³¹

There is evidence that psychological state (ability to cope, depression or mood disturbance) is correlated with satisfaction with or perceived availability of, social support. "Wolcott (1986) found satisfaction with support to be more highly correlated with psychological and subjective health status variables than with the number of people available to help."³² In general, those with a greater number of psychological symptoms are less satisfied with their support and perceive less support to be available.

Of all the types of support measured, emotionally-sustaining types of help tend to be rated by people with HIV disease as the most desirable. There is evidence of a link between social support and the psychological well-being of people with HIV, but much information is still needed about which particular aspects of social support and health are associated, and how this changes over time according to the state of HIV-disease.

³⁰J. Zich & L. Temoshok, "Perception of Social Support In Men With AIDS and Arc: Relationship With Distress and Hardiness," Journal of Applied Social psychology 96, April 1987, 193-195.

³¹D. Wolcott, "Illness Concerns Attitudes Towards Homosexuality and Social Support In Gay Men With AIDS," General Hospital Psychiatry March 1986, 395-403.

³²IBID.

THEORETICAL FRAMEWORK

According to the Ecological System Model which is an extension of the "person-in-environment" Perspective. Which focuses on the understanding ways in which people interact with their environment.

Two concepts of ecological theory that are especially relevant are habitat and niche. Habitat refers to the places where organisms live, and in the case of humans, consist of the physical and social settings within particular cultural contexts. When habitats are rich in resources required for growth and development, human beings tend to thrive when habitats are deficient in vital resources, physical, social, and emotional development and ongoing functioning may be adversely affected. For example, a substantial body of research indicates that supportive social networks of friends, relatives, neighbors, work and church associates, and pets mitigate the damaging effects of painful life stresses. By contrast, people with deficient social networks may respond to life stresses by becoming severely depressed, resorting to abuse of drugs or alcohol, engaging in violent behavior, or by coping in other dysfunctional ways.

The concept of niche refers to statuses or roles occupied by members of the community. One of the tasks in the course of human maturation is to find one's niche in society, which is essential to achieving self-respect and a stable, sense of identity. Being able to locate one's niche, however, presumes that opportunities congruent with human needs exist in society, a presumption that may not be valid for

members of society for whom equal opportunities do not exist because of race, ethnicity, poverty, age, disability, sexual preference, and other like factors.

If persons with AIDS are treated by others as if they are a disease, they are apt to view themselves in a negative way. With losses of family, friends, finances, housing, and social support, and with a decline in physical appearance and in physical abilities, persons with AIDS are vulnerable to a lowering of self-esteem which in turn promotes bad health. In order for the person with AIDS to feel good about themselves, they need feedback from others that they are worthwhile, competent, and respected.

Chapter 3

Methodology

The type of research design that was employed in this study is the comparative design. The research obtained the medical records from the AIDS Unit at the Veterans Affairs Medical Center of thirty patients who have died from AIDS. The researcher compared the number of days AIDS patients lived once diagnosed with AIDS. The two comparison groups consisted of AIDS patients that received emotional support from family members and those that received no support.

Sampling

The sample consisted of fifty medical records of patients who had died from AIDS. They were all former patients of Veterans Affairs Medical Center. The medical records were all male and the former patients were between 22 and 56 year of age. The medical records were selected by using convenience sampling. This involves taking which ever elements are readily available to the researcher.

Data Collection Procedures

The researcher received permission from the AIDS Unit coordinator to view the files of patients that had died from AIDS. The researcher viewed the files of fifty deceased AIDS patients of the Veterans Affairs Medical Center. All deceased files will remain confidential.

Data Analysis

For the purpose of this study, the t-Test was used to test for the difference in days lived of patients that has emotional support from family members and those that had no emotional support from family members. Other statistics used in the study included the frequency, percentages, and frequency distribution.

Chapter 4

Results

The t-test was used to measure the difference in days lived of AIDS patients that received family support and those that did not. For the purpose of looking at data in descriptive terms, a bar graph was formulated showing the number of months lived of AIDS patients that received support and those that did not. Also a frequency distribution was computed in table form concentrating on frequency of the number of months AIDS patients lived (Table 1).

Descriptive Analysis

The descriptive analysis of the number of months AIDS patients lived who received support and those that did not are formulated in graph 1.

Test For The Hypothesis

Hypothesis: AIDS patients who receive family support live longer than those who do not receive family support.

t-TEST ANALYSIS OF MONTHS LIVED OF AIDS PATIENTS THAT RECEIVE SUPPORT AND THOSE WHO DO NOT.					
GROUPS	FREQUENCY	MEAN	STANDARD DEVIATION	t-Value	Prob.
Group 1	25	25.1200	12.149	-.30	0.768
Group 2	25	26.2400	14.446		

Table 1: Aids Patients' Lifespan

	Value (Months Lived)	Frequency		Valid Percent	
	2	1		2.0	
	5	1		2.0	
	7	1		2.0	
	8	2		4.0	
	9	2		4.0	
	10	1		2.0	
	11	1		2.0	
	12	1		2.0	
	13	1		2.0	
	15	1		2.0	
	16	2		4.0	
	17	1		2.0	
	18	1		2.0	
	19	1		2.0	
	20	1		2.0	
	21	3		6.0	
	22	1		2.0	
	23	1		2.0	
	25	3		6.0	
	26	2		4.0	
	27	2		4.0	
	28	1		2.0	
	29	1		2.0	
	30	2		4.0	
	31	1		2.0	
	33	1		2.0	
	35	1		2.0	
	36	1		2.0	
	38	1		2.0	
	39	1		2.0	
	40	2		4.0	
	41	1		2.0	
	43	1		2.0	
	44	2		4.0	
	46	1		2.0	
	49	2		4.0	
	55	1		2.0	
	TOTAL	50		100.0	

To test for this hypothesis, the t-Test was performed using the (SPSSX) batch system to measure the difference in days lived of AIDS patient who receive support and those who did not. The t-value = $-.30$, and the probability = 0.768 . The result of the statistical analysis from the t-Test showed no significant difference in days lived between the two groups. Thus, I accept the null hypothesis that there is no significant difference in days lived between the two groups.

Discussion of Findings

It is hypothesized that persons with AIDS who receive emotional support differ in the number of days lived than those who do not receive emotional support. This study measured the difference in the number of days lived of AIDS patients with support and those without.

The findings revealed that there was no difference in the number of days lived between the two groups. Four patients from each group lived between 0-10 months; four (4) persons with no support and six (6) persons with support lived between 11-20 months; nine (9) persons with no support and seven (7) persons with support lived between 21-30 months; five (5) persons with no support and three (3) persons with support lived between 31-40 months, three (3) persons with no support and four (4) persons with support lived between 41-50 months and 1 person with support lived between 51-60 months. The findings also reveal that the majority of persons of both groups live between 21-30 months. Generally, it appears from the results of the findings that there is no significant difference in the number of days lived between the two groups.

It appears from the results that AIDS patients that receive family support do not live any longer than those persons who do not receive family support. This result could have occurred because the non-support group patients may have had emotional support from other areas. Although emotional support does help alleviate life's stressors and help patients to learn and implement coping skills to deal with the disease AIDS, it does not increase longevity.

Chapter 5

Summary and Conclusions

People with AIDS are faced with a multitude of problems. People with AIDS are overwhelmed with severe and multiple illnesses, decreased cognitive functioning, devastating weakness, weight loss, fevers, cancers, opportunistic disorders. AIDS patients are faced with severe anxiety, fears of unknown illnesses, unknown treatments, unlikely, cure, and premature death. Also for people with AIDS and their family and friends, the normal daily patterns of life change. Frequent test, treatments, and hospitalizations can be overwhelming. As a result, life becomes more difficult as the illness progresses, and more help is needed.

A persons' psychological well being is important throughout life, and is an import factor in a persons ability to function and cope with life's daily stressors. In order to continue working, living, striving, and positively interacting with other, one must receive good emotional support. Emotional support can be utilized to alleviate anxiety; anger; isolation; to cope with the problem of loss of social identity; to help with physical and mental loss and to cope with the problem of lack of future. Emotional support can also be utilized to formulate new social roles within the limits of present day social instrumentalities; to develop a linkage of past, present, and future in relation to family, peers, and other associational groups; and to help create a new self image and psychological well being.

Little is yet understood about the processes by which social support may affect physical health and whether or not an association reflects a direct causal

relationship. So in general, social support is more readily shown to be associated with psychological well being. Does good social support promote psychological well being which in turn promotes good health? Or does good health ease psychological adaptation which in turn attracts a wider support network? Emotional support does help alleviate stressors, and helps persons learn and implement coping skills to enable them to live with AIDS. From the results it appears that emotional support does not increase a person's longevity once diagnosed with AIDS. Overall, the conclusion to be drawn from the knowledge of the analysis is that there is no significant difference in the number of days lived between the two groups.

Limitations of the Study

The major limitations of this study are as follows: (1) The data used was secondary data; (2) the sample size was too small.

Future Research

Some suggested directions for future research studies are as follows: (1) to evaluate the role of social support at different stages of dying and variations in levels of social support according to the severity of illness, pain, type and location of symptoms, and the type of illness (2) evaluate the effects of emotional support on depression among AIDS patients.

Implications For Social Work Practice

Since the beginning of the AIDS epidemic, social workers have been providing services to patients, their families, and significant others. Even before the epidemic of the AIDS virus, social workers in medical settings were counseling individuals suffering from the physical, emotional, and social consequences of this catastrophic disease. Now social workers have an even greater role to play but some social workers perceive both themselves and their profession as having little power or influence over important events in people's lives or in society. It is important to point out that there are many situations involving critical life decisions in which social workers are enormously influential.

With unique skills in the areas of prevention, patient advocacy, direct services, program development, community outreach, case management, and policy-making, social workers can remain in the forefront of program development

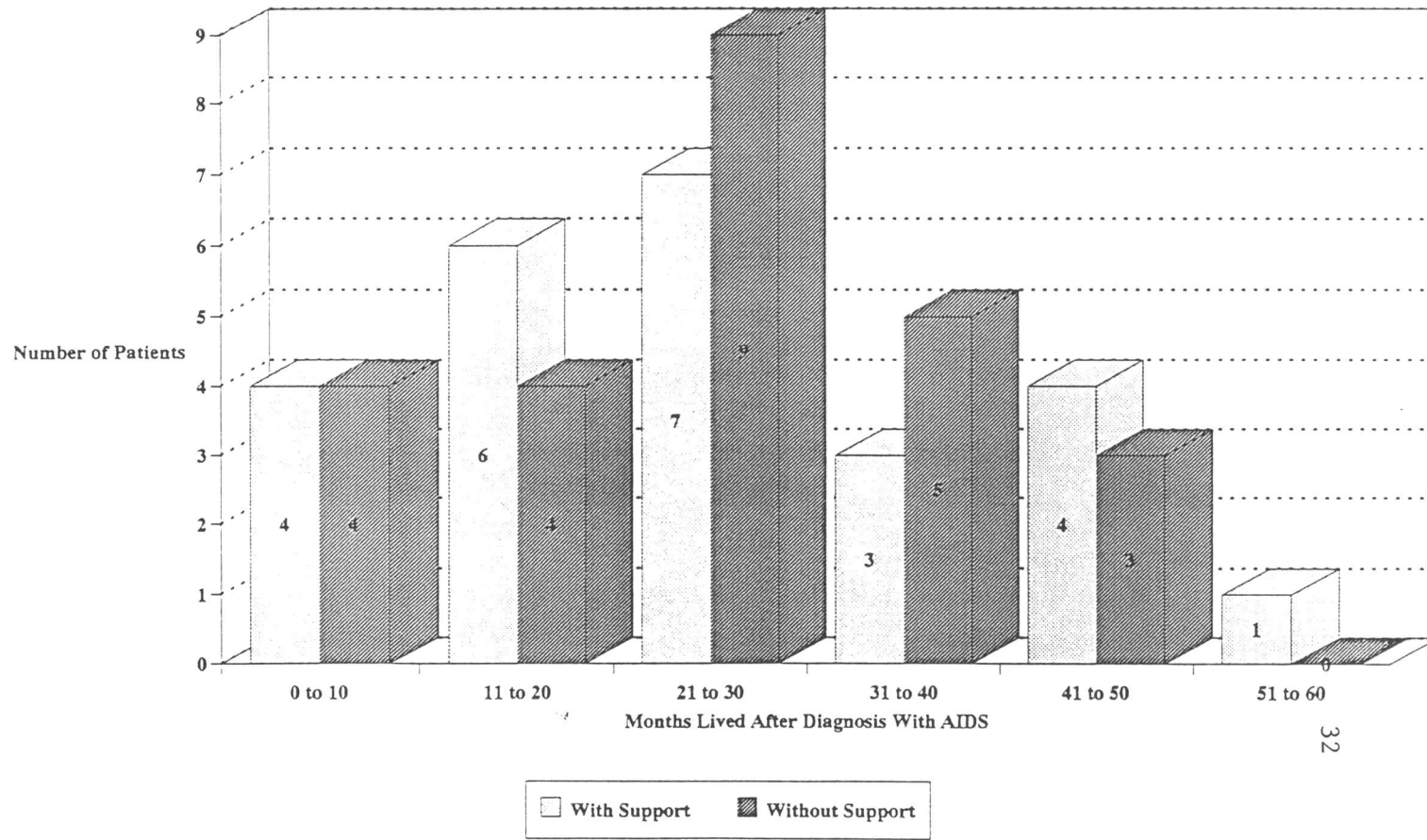
and delivery. Even when the etiology of AIDS is fully identified and a cure is found, people already infected with the disease and their significant others will need comprehensive social work services to help mitigate the disease's catastrophic personal and societal consequences.

An increasing number of social workers are finding themselves having significant contact with AIDS patients and their families, as health services are provided to AIDS patients in their homes and as dying is transferred from the home to the hospital. This study is significant to Social Work Practice because good emotional support is a vital part of AIDS patients social functional and health. For many persons with AIDS, each day is a struggle in terms of coping with the disease. This is where good emotional support can play an important part in alleviating psychosocial stressors, and enhancing AIDS patients coping skills. By providing emotional support, social workers help persons with AIDS to obtain a sense of self-worth; provide them with ways of controlling their illness and their lives; help them learn and implement coping skills and provide them with a fighting spirit. Also by social workers providing empowerment to persons with AIDS is vital in enabling persons to live with AIDS.

The implications of the researcher's findings suggest that emotional support does not increase longevity of AIDS patients any more than those persons who do not receive support. But, emotional support is needed from AIDS patients' families, friends, as well as social workers at such a critical time, in order for the person to adjust and cope with his illness to enhance his quality of life.

APPENDIX A

Comparative Analysis
of Support Mechanisms For
Patients Diagnosed With AIDS



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